United Nations E/CN.9/2013/NGO/2

Economic and Social Council

Distr.: General
15 February 2013

Original: English

Commission on Population and Development
Forty-sixth session
22-26 April 2013
Item 4 of the provisional agenda*
General debate on national experience in population matters: new trends in migration — demographic aspects

Statement submitted by IPAS, a non-governmental organization in consultative status with the Economic and Social Council

The Secretary-General has received the following statement, which is being circulated in accordance with paragraphs 36 and 37 of Economic and Social Council resolution 1996/31.

* E/CN.9/2013/1.

13-23563 (E) 070313

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Statement

As an international non-governmental organization working closely with international and local partners serving women all over the world, we call on members of the Commission on Population and Development to continue affirming and supporting the principles, goals, objectives and recommendations of the Programme of Action of the International Conference on Population and Development and subsequent global and regional agreements in relation to the issue of international migration and development.

Based on previous intergovernmental agreements and the evidence-based recommendations of international organizations, Governments should ensure that the following measures are taken:

(a) Strengthen health systems and ensure that migrants, displaced persons, refugees and asylum seekers, regardless of their legal status, have access to sexual and reproductive health services, including screening and treatment for sexually transmitted infections and HIV; and provide the widest possible range of safe and effective contraceptive methods (including emergency contraception and male and female condoms), prenatal, delivery and postnatal care, essential obstetric care and safe abortion care;

(b) Train health-care professionals to provide comprehensive services that screen for violence and treat the resulting emotional, physical and other health needs of migrants, displaced persons, refugees and asylum seekers, particularly adolescent and adult women;

(c) Strengthen the abortion-related skills of health-care providers, especially those offering health-care services to migrants, refugees, displaced persons and asylum seekers;

(d) Amend legislation criminalizing abortion to permit pregnancy termination in order to protect women's lives and mental and physical health, and remove all punitive measures on women who undergo abortion.

Women involved in migration and access to reproductive health-care services

In paragraph 13 of his report on international migration and development (A/67/254), the Secretary-General stated that:

> International migration, development and human rights are intrinsically interconnected. Respecting the human rights and fundamental freedoms of all migrants is essential for reaping the full benefits of international migration. Migrants in an irregular situation are particularly vulnerable to discrimination and abuse.

This statement is of particular importance in relation to access by female migrants to reproductive health-care services, particularly contraception and safe abortion care.

The Asian-Pacific Resource and Research Centre for Women has reported that female migrants in the Asia-Pacific region encounter multiple barriers in accessing health care, including the lack of knowledge that they and health providers have about legislation and regulations concerning their rights to services; lengthy and complex application processes to obtain access to services; and time-consuming administrative reimbursement procedures. When they are unable to obtain and use modern contraceptives, including emergency contraception, they run the risk of

having unplanned pregnancies. If they wish to end an unwanted pregnancy and lack knowledge about legal abortion services, they may resort to clandestine procedures that place their health and lives at risk.

In the United States of America, the National Latina Institute for Reproductive Health has noted that immigrant women are less likely to receive adequate reproductive health care than other women, including family planning services. When they have unwanted pregnancies, their access to safe legal abortions may be impeded by restrictions based on age, economic status, immigration status and geographic location.

As noted by the United Nations Population Fund, refugee and displaced women are routinely subjected to sexual violence, which can lead to sexually transmitted infections and unwanted pregnancies, as well as other short- and longer-term injuries. The Global Justice Center notes that the major organizations providing medical humanitarian services routinely exclude abortion as an option for girls and women dealing with the consequences of rape related to armed conflict.

Reproductive rights of women involved in migration

In paragraph 7.11, the Programme of Action states that migrants and displaced persons in many parts of the world have limited access to reproductive health care and may face specific serious threats to their reproductive health and rights, and that services must be sensitive particularly to the needs of individual women and adolescents and responsive to their often powerless situation, with particular attention to those who are victims of sexual violence.

In its General Comment No. 14, the Committee on Economic, Social and Cultural Rights has affirmed that:

> In particular, States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy; and abstaining from imposing discriminatory practices relating to women's health status and needs.

The Ad Hoc Committee on Population and Development of the Economic Commission for Latin America and the Caribbean has further recommended that States take steps to promote decent treatment for migrants, bearing in mind their specific cultural traits and particular needs in terms of sexual and reproductive health.

In 2011 and 2012, the Commission on Population and Development urged Governments to prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and postnatal care, emergency obstetric care, prevention and appropriate treatment of infertility, quality services for the management of complications arising from abortion and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible. At its forty-sixth session, the Commission should again reiterate this recommendation, specifically with regard to the rights of women who are refugees, displaced persons and asylum seekers.